Report of the
ntario Council
of Health on

1970
Supplement No. 1

Regional Organization of Health Services

Part II – A Proposed System

Ontario Department of Health
Honourable A. B. R. Lawrence, M.C., Q.C., Minister

REGIONAL ORGANIZATION OF HEALTH SERVICES

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ONTARIO

REPORT OF THE ONTARIO COUNCIL OF HEALTH

on

REGIONAL ORGANIZATION OF HEALTH SERVICES

1970

SUPPLEMENT NO. 1

ONTARIO DEPARTMENT OF HEALTH
Honourable A. B. R. Lawrence, M.C., Q.C., Minister

THE ONTARIO COUNCIL OF HEALTH

The Ontario Council of Health was formed in 1966 as the senior advisory body on health matters to the Minister of Health and, through him, to the Government of Ontario. Council submits recommendations designed to support the overall thrust toward improved health services and it serves as a sentinel to ensure effective and economical employment of the human and physical elements required to provide these services.

The members of Council are selected to reflect a reasonable balance of public interest, expert knowledge, experience, and geographic distribution. In keeping with Council's ongoing role, members are appointed for three years on a rotational basis and may be reappointed once.

Council determines its work priorities through assessment of provincial health services requirements, tempered from time to time by more urgent requests. The successful completion of its assignments is dependent upon the able assistance of committees, sub-committees and task forces manned from the ample reservoir of health interest and expertise to be found in individuals throughout Ontario.

MEMBERS OF THE ONTARIO COUNCIL OF HEALTH

K. C. Charron, M.D., LL.D. (ex officio, Chairman)	Deputy Minister of Health and Chief Medical Officer
S. W. Martin, F.C.I.S., F.A.C.H.A. (ex officio, member)	Chairman, Ontario Hospital Services Commission
Miss C. Aikin, R.N., B.A. M.A.	Dean, School of Nursing, University of Western Ontario, London
R. Auld*	Executive Director, Ontario Society for Crippled Children, Toronto
E. H. Botterell, O.B.E., M.D., F.R.C.S. (C)*	Dean, Faculty of Medicine, Vice-Principal (Health Sciences), Queen's University, Kingston
E. A. Dunlop, M.P.P., O.B.E., G.M.	Managing Director, The Canadian Arthritis and Rheumatism Society
W.J. Dunn, D.D.S., F.A.C.D.	Dean, Faculty of Dentistry, University of Western Ontario, London
J. R. Evans, M.D., D.Phil. (Oxon), F.R.C.P. (C), F.A.C.P.	Dean, Faculty of Medicine, Principal, Health Sciences, McMaster University, Hamilton
Mrs. J. P. Forrester, B.A.	Belleville
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G.E. Hall, M.S.A., M.D., Ph.D., D.Sc., LL.D., F.R.S.C.	Former President, University of Western Ontario, London

O. Hall, B.A., M.A., Ph.D.	Professor, Department of Sociology, University of Toronto
T. L. Jones, D.V.M., M.Sc.	Former Dean, Ontario Veterinary College, University of Guelph
J. D. Lovering, M.D.*	Medical Director, Gulf Oil Canada Limited, Toronto
R. I. Macdonald, B.A., M.D., C.M., F.R.C.P. (Lond.), F.R.C.P. (C), F.A.C.P.	Consultant in Medicine, Toronto
J. F. Mustard, M.D., Ph.D.	Professor of Pathology, Faculty of Medicine, McMaster University, Hamilton
G. W. Phelps, B.Sc.	Orillia
H. Simon	Regional Director of Organization (Ontario), Canadian Labour Congress, Toronto
W. R. Wensley, B.Sc. Phm., M.Sc.Phm.	Registrar, Ontario College of Pharmacy, Toronto
F. A. Wilson, Phm. B.*	Vice-President, Parke and Parke Limited, Hamilton
W. F. J. Anderson (Executive Secretary)	*The Ontario Council of Health, Hepburn Block, Parliament Buildings, Toronto*

* Term expired November 1970

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THE ONTARIO COUNCIL OF HEALTH IN 1970

A first "Report on the Activities of the Ontario Council of Health" was published during 1970. It consisted of a summary document with eight separate annexes containing individual committee reports and recommendations as acted upon by Council. The period covered was from Council's formation in 1966 through the calendar year 1969.

SUPPLEMENTS FOR 1970 – GENERAL

The initial report has proven useful to many individuals and groups concerned with the health care of the people of Ontario. It was therefore decided to make available the major committee reports and recommendations which were processed through Council during 1970. This was substantially a continuation of the work initiated during the first report period, relating directly to committees identified in the annexes. Therefore, it was decided to issue the new report in the form of nine separate supplements, of which this document is one. These supplements, cross-referenced to their original annexes by title, are listed below:

Supplement No. 1
Regional Organization of Health Services
Part II – A Proposed System

Supplement No. 2
Health Statistics
Part II – Implementation of a Health Statistics System

Supplement No. 3
Health Manpower
A. The Need for Family Physicians and General Practitioners for the Province of Ontario
B. Assistance for the Primary Care Physician

Supplement No. 4
Library and Information Services
Library Personnel, Manpower and Education

Supplement No. 5
Health Care Delivery Systems
Community Health Care

Supplement No. 6
Health Care Delivery Systems
Rehabilitation Services

Supplement No. 7
Health Care Delivery Systems
Laboratory Systems

Supplement No. 8
Health Care Delivery Systems
Dental Care Services

Supplement No. 9
Health Care Delivery Systems
Role of Computers in the Health Field

1970 SUPPLEMENT – REGIONAL ORGANIZATION OF HEALTH SERVICES

This second report prepared by the Committee on Regional Organization was presented to the Ontario Council of Health in June 1970. Council approved the recommendations as set forth in this report.

The report covers the second phase of the work of this Committee of Council. Within the framework of the first report, the responsibilities of each level of the proposed system – the Province, regions and districts – are detailed.

The form and structure of regional and district health councils are described, and recommendations for phased implementation of the regional system include a specific area for the initial phase.

OTHER AREAS OF COUNCIL ACTIVITY

It will be noted that 1970 supplements to three annexes of the first report have not been issued – Physical Resources, Education of the Health Disciplines, and Health Research:

Physical Resources

In the original annex, the Committee reviewed the current situation and the related services in Ontario which affect physical resources; it highlighted some of the difficulties which exist with respect to the components of the present pattern and made certain recommendations. This completed Council action in this important area, at this stage.

Education of the Health Disciplines

Continued study has been carried out by the Committee. This has been directed primarily toward assessment of the educational requirements for the rehabilitation disciplines and a further report in the area of nursing education. These documents will be completed for presentation to Council in 1971.

Health Research

The Committee on Health Research has continued its work on the definition of the provincial role in health research. It has been devoting its attention particularly to such areas as the economics of health research; the co-ordination of health research programmes within the province, sponsored by both governmental and voluntary agencies; and the personnel support requirements needed to maintain a viable health research programme. It is anticipated that these matters will be completed in 1971.

The Committee has continued to provide direct advice to the Province on applications for financial assistance, through its Sub-committees on Research Grants Review and Demonstration Models.

During 1970, the Council initiated activity and is developing reports in the following areas:

Audio Visual Systems

The Sub-committee on Audio Visual Systems began work in March, looking into provincial requirements for instructional media systems in the education of the health disciplines, health services, and public health education.

Perinatal Problems

The Sub-committee on Perinatal Problems was established in May to give consideration to problems surrounding birth and affecting either/or mother and infant, and developing proposals for improved health services in this area.

Environmental Quality

A primary Committee on Environmental Quality was set up in October to make recommendations to the government on all matters related to the quality of the human environment, with special consideration to the health and well-being of people.

Future Arrangements for Health Education

In November, Council approved the establishment of a task force to investigate the need for a new medical school/health sciences centre, giving due consideration to new approaches to health education. The relation of health education to health services and the effect of this on the community, not the projected manpower requirements alone, will provide the basis for the study.

Two other undertakings by Council should be noted:

Committee on the Healing Arts Review

A special request was made to Council in June to review the Report of the Committee on the Healing Arts. A review group was established and it reported to Council in November. It proposed certain basic principles related to the regulation and education of the health disciplines and these, as approved by Council, were submitted to the Minister of Health.

Conference on Co-operation in the Provision of Health Services

In April, Council took an active part in a Conference on Co-operation in the Provision of Health Services, sponsored by provincial bodies representing the various health disciplines, consumers, and the Department of Health. In the public interest, it is Council's policy to consult freely with representatives of health professions, related organizations, and others who share the common bond of

seeking the best possible health services for the people of Ontario, This process also occurs as part of the work of the committees of Council.

MEMBERS OF COMMITTEE ON REGIONAL ORGANIZATION

Mr. R. Auld, Chairman	Executive Director, Ontario Society for Crippled Children, Toronto
Professor G. A. P. Carrothers	Dean, Faculty of Environmental Studies, York University
Dr. J. N. Desmarais	Physician, Sudbury
Dr. W. Goldberg	Associate Professor, Head, Department of Medicine, St. Joseph's Hospital, Hamilton
Dr. G. Edward Hall	Former President, University of Western Ontario, London
Mr. R. Alan Hay	Executive Director, Ontario Hospital Association
Dr. H. B. Mayo	Professor, Department of Political Science, Carleton University, Ottawa
Dr. R. Walker	Medical Officer of Health, Thunder Bay Health Unit
Mr. W. A. Wilkinson	Chairman, Essex County Hospital Planning Council, Windsor
Mrs. D. Dudley, Secretary	*Ontario Council of Health Secretariat*

ACKNOWLEDGEMENTS

Technical support in the preparation of this report was provided through the auspices of the Research and Planning Branch of the Ontario Department of Health. Under Dr. G. W. Reid, Director, the following staff members worked with the Committee:

Mr. P. F. Cridland	Senior Research Officer (Community Planning)
Mrs. H. J. Bain	Senior Research Officer (Economics)

Additional technical support was received from:

Dr. E. W. R. Best	Director, Local Health Services Branch, Ontario Department of Health
Dr. R. G. Congdon	Regional Programme Co-ordinator, Psychiatric Services Branch, Ontario Department of Health
Dr. W. F. Lumsden	Director of Hospital Programmes, Ontario Hospital Services Commission

Recommendations

RECOMMENDATIONS
Supplement No. 1
REGIONAL ORGANIZATION OF HEALTH SERVICES

COUNCIL ACTION

The Ontario Council of Health has approved the recommendations of the 1970 report of the Committee on Regional Organization, as listed below. Recommendations 1 to 6 were approved with the proviso that the pattern of implementation would be determined in accordance with the details set out in Section III, Part C, paragraphs 1 and 2, of the Committee's report.

RECOMMENDATIONS

1. THAT regional and district councils be given assurance that every proposal for new health care facilities and services, modifications of existing facilities and additions to existing facilities, requiring financial support either capital or operating from provincial sources, shall be routed through the respective district and regional health councils for their approval or otherwise.

2. THAT the authority of regional and district councils be established by legislation and that the Province establish policies, standards and guidelines to provide the framework within which regional and district councils will function.

3. THAT regional health councils be composed of the following: the chairman of each district council within the region; a representative of the health sciences centre; a representative from regional or local government; members selected by applying the same criteria used in appointing the Ontario Council of Health, i.e., an equal number of members from the primary health professions, public interest groups, and those chosen for their particular knowledge in the broad field of health and health services.

   District council representatives should total approximately one-third of the total regional council membership.

4. THAT the chairman of each district health council within a region

should automatically be a member of the regional health council and that all other members should be appointed by the Minister of Health from short lists of nominees submitted by the relevant groups.

5. THAT the chairmen of regional and district health councils be appointed by the Minister of Health initially but that when the regional system is in operation the chairman should be elected by the councils.

6. THAT district health councils be composed of representatives from among: professional and technical interests; local government; voluntary agencies and consumers. All members will be appointed by the Minister of Health from short lists of nominees submitted by the relevant groups.

7. THAT the Provincial Government take immediate action to introduce a regionalized system on a phased basis with the co-operation of the people in the areas involved.

8. THAT the Province proceed with the delineation of regions and districts, taking into account factors such as community of interest, existing utilization patterns, the transportation network, the boundaries of other service areas, and population characteristics.

9. THAT the Province initiate those changes in provincial organization, functions and financial arrangements which are necessary to support a regionalized system and to provide an effective interface between the Provincial Government and the regional health councils.

10. THAT the Province immediately embark on the first phase by establishing a health region centred on the Hamilton area, by delineating its constituent health districts, and by establishing the regional and district health councils having the necessary authority to begin functioning.

11. THAT the Province proceed with the establishment of further health councils at the earliest opportunity.

The following recommendation, not included in the Committee's report, was approved by Council (June 1970):

12. THAT, as soon as possible, whether concurrent with other developments or not, Sudbury be recognized as a regional centre, and that steps be taken to set up a regional council and appropriate district councils in North Eastern Ontario.

Report of the Committee

SECTION I

Introduction

PRINCIPLES OUTLINED IN THE COMMITTEE'S FIRST REPORT

The Committee's first major report was presented to and adopted by the Ontario Council of Health in January 1969. In developing the report, a review was made of the concepts and purposes of regional organization, the involvement of the Provincial Government in regional organization to date, the existing patterns related to health care in Ontario, and the experience in regional health planning and organization in other countries.

It also became evident, as the Committee proceeded with its task, that an analysis of the existing methods and procedures for financing facilities and programmes related to health care was necessary. This study revealed the complicated nature of present arrangements, and suggested that they would not readily support a system of health services organized on a regional basis.

With this background, the Committee developed a basic concept of a regionalized system of health services for the province, and formulated recommendations of principle concerning the establishment of such a system.

Basically it was recommended that there should be two levels of authority below the provincial level. The province should be divided into regions and each region into one or more districts. Regional and district councils should be established to exercise the authority and

responsibility delegated by the Province. Each region should contain a health sciences centre, which should have a positive role as focal point within the region. As there are at present no health sciences centres in the north, it was recognized that for the regions in northern Ontario alternative focal points would be necessary.

After the adoption of the first major report by the Council and a period during which the report was considered by the Provincial Government, the Committee was asked to proceed with further investigations and to make recommendations regarding the nature of the proposed regional system and its implementation.

THE COMMITTEE'S APPROACH TO ITS TASK

At an early stage in the preparation of this report, the Committee reiterated and agreed on the objectives of regional organization. In general terms, these objectives are:

1. To achieve a balanced and integrated system of health care facilities and services, with improved distribution, according to the standards and guidelines of the Provincial Government.

2. With knowledge of the specific characteristics and special problems of an area, to identify health needs, set realistic goals, and establish priorities in health programmes and services within that area.

3. To ensure co-operation with other areas of planning for more effective use of economic and health manpower resources.

4. To evaluate programmes in terms of qualities of care and cost effectiveness, with an aim:

   (a) To improve and strengthen needed existing services.

   (b) To encourage the development of needed new health services and application of new knowledge.

   (c) To discourage programmes not needed in the community.

   (d) To eliminate unnecessary duplication of health services among public and voluntary agencies at all levels.

   (e) To reduce or prevent fragmentation of health services at

provincial and local levels.

The next stage of the Committee's task involved the further development, within the guidelines of their first report, of a proposed regional health services system. The responsibilities of each level within the system were detailed and the form and structure of regional and district health councils described.

The final stage focused on the phased implementation of the system stressing the vital role of the Province in reorganizing to permit effective implementation and in providing guidelines to the regions and districts. A specific area of the province was also recommended for the initial phase of the implementation process.

LIMITATIONS OF COMMITTEE INVESTIGATIONS

The Committee found that there was insufficient time to complete a further review and to report on the implications of the existing system of health programme financing for the proposed system of regional organization. Lack of time also limited the opportunities for further consultations with representatives of agencies presently involved in various forms of regional organization either within or outside of Ontario.

SECTION II

A Proposed System of Regional Organization

A. LEVELS OF RESPONSIBILITY

1. The Provincial Level

In the January 1969 report, the Committee concluded that:

The Province should have overall responsibility for health services for the people of Ontario. The Ontario Council of Health would serve as the senior advisory body on these matters. In order to meet the responsibilities with respect to a regionalized system, the Province should have the following functions:

a. the delineation of health regions and districts. The decision of boundaries should not be immutable, and regional councils should have the opportunity to make recommendations to the Province about boundary adjustments;

b. the overall planning and guidance for the provision of health services, recognizing the particular needs of each region. This would include the setting of policies, standards, and guidelines which would form the framework within which each regional and district council would function;

c. the provision of consultative services which are not

required on a continuing basis by regional and district councils;

d. the collection and analysis of data for use in evaluating the effectiveness of the health care delivery system;

e. the maintenance of financial control by using a system which will ensure that commensurate financial authority and responsibility are delegated to the appropriate level of organization—the region and the district. The regional and district councils will not be executive bodies.

The Committee now wishes to add the view that the regionalization of health services cannot survive, let alone be effective, unless complete assurance is specifically given through legislative authority that every proposal for new health care facilities and services, modifications of existing facilities and additions to existing facilities, requiring financial support either capital or operating from provincial sources, shall be routed through the respective district and regional health councils for their approval or otherwise.

On the subject of the initial role of the Provincial Government, the Committee's January 1969 report said that the Provincial Government should:

c. be prepared to undertake such re-organization as may be necessary among the agencies for which the Minister of Health is responsible, in order to ensure effective operation of a regionalized system.

The Committee now also recognizes the necessity for the integration of the activities at the provincial level of *all* departments and agencies concerned with health and health services.

2. The Regional Level

The responsibilities of the regional level of the system were outlined broadly in the January 1969 report as follows:

The regional councils, based on provincial guidelines, should:

a. set goals recognizing the health needs and concerns of the

citizens within the region;

b. develop plans for the provision of services, programmes and facilities to ensure that health care will be available and accessible to all residents of the region;

c. co-ordinate the health services programmes and the resources of manpower, facilities, and finances for the region;

d. in collaboration with the Province, evaluate the effectiveness of regional programmes;

e. exercise financial authority commensurate with their assigned responsibilities.

After further study these broad areas of responsibility have been detailed as follows:

The overall responsibility at the regional level will be to provide, through co-operation and planning, the best possible health services* for the people within the region. Included should be advice on the organization and development of health services within the region to ensure the greatest possible economy of health personnel and financial resources. The regional council will not, however, directly operate any of the services. In order to perform its functions, the regional council should be responsible for:

(a) The development of a regional plan for the provision of services, programmes and facilities to ensure that the necessary health care will be available to all, to eliminate unnecessary duplication, to ensure that an effective balance and distribution pattern of basic and specialized services will

* The definition of health services adopted by the Committee in their report of January 1969 read as follows:

> *The term "health services" includes preventive and curative services for physical, mental, and public health, but may exclude those environmental control programmes which require some different type of geographic organization.*

be achieved, and to ensure effectiveness and ease in the delivery of health services.*

This plan should indicate Council's interest regarding the services to be provided in the region and the role of each district in making these services available. It should include all types of services, programmes and facilities, although the detail involved will differ with the type (e.g., more detail will be involved concerning types of hospital facilities than with specifics of special programmes such as school health). The plan will include short- and long-term objectives, and will make provision for the establishment of priorities and the staging of development. It will be prepared with assistance from the district councils. During the period of the plan's preparation, regional councils will review capital expansion projects, or changes in programmes within the region, as a first step toward more direct involvement in the process of recommendation and decision making.

(b) The definition of the requirements for services, programmes and facilities to meet the total health needs of the residents of the region. (This will be done on the basis of provincial guidelines.)

(c) The preparation of an inventory of existing services, programmes and facilities within the region. (This will be done with the participation of district councils.)

(d) The examination of these services, programmes and facilities to assess where deficiencies exist, and to assess the problems to which action should be directed.

(e) The development of a programme in the context of the regional plan to ensure:

(i) The most effective use of professional and technical personnel, including the sharing of personnel and services and/or the expansion of consulting services.

* Voluntary agencies will be encouraged to seek the advice of the regional council before proceeding with programmes or facilities. Provincial funds should not be made available for regional programmes of voluntary agencies without the review and approval by the regional council.

(ii) The most efficient use of the financial resources available for the provision of health services.

3. The District Level

The responsibilities of the district level were outlined broadly in the January 1969 report as follows:

Within the framework of provincial guidelines and standards, and the regional programme, each district council should have responsibility to:

a. participate with the regional council in the planning process;

b. maintain close relationships with the providers of health care;

c. co-ordinate the operations of the organizations providing health care to ensure a balanced, efficient, and economic service in the district;

d. exercise financial authority commensurate with its assigned responsibilities.

In greater detail these broad areas of responsibility can be stated as follows:

The district council should provide assistance and advice for its own district to the appropriate regional council on the organization and development of co-ordinated health services within the district, to ensure that the best possible health services will be available to all residents of the district and to ensure that this will be done with the greatest possible economy of health personnel and financial resources.

The district council should also be responsible for the integration of health services within the district. This integration will be of two types. The council should be concerned with setting guidelines, establishing priorities and defining responsibilities within the framework established at the regional and provincial levels.

At the same time, the district council should encourage local

participation, and the bringing together of local health, government, and consumer interests, to ensure that the recipients of health care will have maximum access to those responsible for providing service.

The council should have the following functions:

(a) For its own district, each district council will have an important role, with the regional council, in the development and implementation of the regional plan of services, programmes and facilities. It should act as the liaison body between the individual organizations within the district and the regional council in the actual preparation and carrying out of the plan, so that cognizance can be taken of the special interests, needs and problems of each district.

The district council will assist the regional council in defining the overall requirements, within the district, for services, programmes, facilities and manpower. It should participate with the regional council in compiling a complete inventory of existing health services, programmes and facilities. It should participate with the regional council in the evaluation of existing programmes as well as in the definition of new programmes and how these are to be carried out. This will be a continuing process.

The Council will very early need to involve each organization and agency in the planning process, to assure interchange of information and ideas and to facilitate the development and implementation of the plan. More important, the council should have the role, within provincial and regional policies and plans, of defining responsibilities, of establishing priorities, and of guiding and melding the programmes of all organizations in the district into an effective and efficient health care delivery system.

(b) The district council should integrate the operational activities of all organizations providing health care locally, to eliminate the problems caused by fragmentation in administrative responsibilities. It should have a responsibility for assuring the most efficient operation of existing as well as future resources.

Where services cannot be made available locally (because,

for example, of insufficient population to justify specialized services) the district council should assure that such services can be obtained by district residents, either elsewhere in the region, or in another region.

(c) The district council should have the right to recommend the initiation of new programmes. District councils should also have the right to review the financial and functional aspects of existing programmes and of any proposed changes and to recommend changes.

(d) Where deficiencies in manpower exist, the district council should encourage and even initiate whatever action is necessary to attract health personnel to meet the needs.

(e) The district council should encourage the development of shared facilities and services wherever functionally and economically sound, e.g., laboratory services, purchasing, food services, and joint laundry services.

(f) The district council should have the responsibility of informing the public of its activities.

(g) The district council should co-operate with all health organizations within the district including those providing regional and provincial services.

B. THE FORM AND STRUCTURE OF HEALTH COUNCILS

1. General

In the Committee's report of January 1969, it was recommended, for both the regional and district levels, that:

. . . Councils should be established in accordance with the policies developed by the Province. Each council should consist of approximately 20 members, and should represent a balance of interest among the providers and consumers of health care, of local government, and of other related agencies and services.

In terms of the breadth of responsibility, the Committee

strongly confirms this recommendation. However, a closer study of the factors involved in the number of members leads the Committee now to suggest a more flexible approach. For instance, regional councils will tend to be smaller than district councils because their respective roles will require different kinds of representation. The size of both regional and district councils may vary quite widely depending on local circumstances.

The proposed form of regional and district councils is outlined below in terms of diversity, size and structure, and means of selecting council members.

2. **Regional Health Councils**

(a) **Diversity** – Regional councils should include membership from the following: district health councils; the health sciences centre; regional government or local government; and members selected by the Minister of Health applying criteria similar to those used in appointing the Ontario Council of Health, i.e., equal numbers of nominees from the primary health professions, public interest groups, and those chosen for their particular knowledge in the broad field of health and health services.

District council representatives should total approximately one-third of the total regional council membership.

(b) **Size** – The regional councils will be relatively compact in size but will vary depending mainly on the number of constituent districts.

(c) **Means of selecting members** - The chairman of each district council should automatically be a member of the regional council. All other members should be appointed by the Minister of Health from short lists of nominees submitted by the relevant groups. In the initial stages of the regional programme the chairman of the council should be appointed by the Minister but when the system is in operation the chairman should be elected from among the council.

3. **District Health Councils**

(a) **Diversity** – The district councils should include membership from: professional and technical interests – from the health

professions and from facilities; political interests – from local government; voluntary agencies; and consumers – particularly from organizations representing a cross-section of consumers.

(b) **Size** – The size of the district councils may vary widely. It will depend largely on the population of a given district and thus the number of health facilities, the manpower, the number of municipalities, as well as the form of organization chosen. It is obviously preferable to keep the council's membership to a reasonably small number (say 15-25) but to allow for standing committees composed of both members and non-members of council.

However, broad representation is particularly desirable at the district level and there may be cases in which it is desirable that the council be larger.

(c) **Selection of members** – The members should be appointed by the Minister of Health from short lists of nominees from the relevant groups – professional and technical interests, political interests, voluntary agencies and consumers. The chairman should be appointed initially but when the regional system is in operation the chairman should be elected by the council members.

Staff for Regional and District Health Councils

In order to meet its responsibilities, each health council should employ staff. However, since a full range of technological skills are neither widely available nor likely to be necessary on a full-time basis, councils should have access to these skills on an ad hoc basis.

A very high level of persuasive expertise will be called for from the most senior staff person in carrying out the necessary groundwork, particularly in the formative stages of the regional organizations.

RECOMMENDATION 1
THAT regional and district councils be given assurance that every proposal for new health care facilities and services, modifications of existing facilities and additions to existing facilities, requiring financial

support either capital or operating from provincial sources, shall be routed through the respective district and regional health councils for their approval or otherwise.

RECOMMENDATION 2
THAT the authority of regional and district councils be established by legislation and that the Province establish policies, standards and guidelines to provide the framework within which regional and district councils will function.

RECOMMENDATION 3
THAT regional health councils be composed of the following: the chairman of each district council within the region; a representative of the health sciences centre; a representative from regional or local government; members selected by applying the same criteria used in appointing the Ontario Council of Health, i.e., an equal number of members from the primary health professions, public interest groups, and those chosen for their particular knowledge in the broad field of health and health services.

District council representatives should total approximately one-third of the total regional council membership.

RECOMMENDATION 4
THAT the chairman of each district health council within a region should automatically be a member of the regional health council and that all other members should be appointed by the Minister of Health from short lists of nominees submitted by the relevant groups.

RECOMMENDATION 5
THAT the chairmen of regional and district health councils be appointed by the Minister of Health initially but that when the regional system is in operation the chairman should be elected by the councils.

RECOMMENDATION 6
THAT district health councils be composed of repre-

sentatives from among: professional and technical interests; local government; voluntary agencies and consumers. All members will be appointed by the Minister of Health from short lists of nominees submitted by the relevant groups.

SECTION III

Implementation of a Regional System

A. URGENCY OF IMPLEMENTATION

In January 1969, the Committee on Regional Organization made recommendations to the Ontario Council of Health advocating the establishment of a system of regional organization for the delivery of health care in Ontario. The Government of Ontario has accepted this principle and, through statements by the Minister of Health, has announced its intention to proceed with implementation. In addition, various health agencies already have developed their own forms of regional organization or are committed to the principle, and other signs indicate that local interest is developing across the province. Furthermore, the work of some other committees of the Council of Health will be seriously curtailed without the broad organizational framework to be provided by the system of regional organization.

Implementation is urgent.

B. INITIAL ROLE OF THE PROVINCE IN IMPLEMENTATION

In the foregoing sections of this report have been described the broad long-range concept of a regionalized system of health services, the scope of functions, and the form and structure of health councils. It is recognized, however, that a period of transition will be necessary in order to move from the present situation to one in which regional

and district councils are in operation all across the province.

The following actions should be taken by the Province to develop a regionalized system, and to provide for a smooth transition period.

1. **Delineation of Regions and Districts**

One of the early tasks will be the delineation of health regions and districts. In the January 1969 report of the Committee, it was indicated that this should be an initial provincial responsibility.

A considerable step toward the delineation of regions was taken in the January 1969 report in the decision that each region should contain a health sciences centre or, in the north, a different focal point. Subsequently, it was announced by the Provincial Government that there will be seven health regions in the province, based on present and future referral patterns for health care.

The Committee has not been able to discover a useful formula for establishing the boundaries between health regions and districts. It is possible, however, to identify a number of basic considerations which must be taken into account before the actual boundaries are drawn. These include:

(a) **Community of Interest** – The delineation of regions for most purposes starts with the requirement that the area in question should have a community of interest. The two most significant factors in this extremely general concept are usually urban concentrations and natural geographic barriers. The object of this delineation is that the region should be socially and economically cohesive.

(b) **Existing Patterns of Utilization** – It is important that regional and district boundaries should not unnecessarily disrupt existing patterns of utilization of health facilities and programmes nor cut off desirable existing relationships between them.

(c) **Transportation** – The development of transportation methods, thus greatly reducing travelling time and extending the radius of action of the urban centres, has made it possible to concentrate specialized health equipment and manpower

in certain urban centres. Within urban areas themselves, public transportation is a major consideration. In suburban and rural areas, the automobile as the major mode of transportation is likely to persist and the existing and future pattern of roads must be considered.

(d) **Coincidence with the Boundaries of Other Service Areas** – Health services, viewed in the broadest sense, are part of a highly interrelated complex including health, welfare, education and other services. Too often, the geographical boundaries of these services are not the same and the result is unnecessary confusion in the delivery of services. For those services which are partly financed at the local government level, overlapping with municipal boundaries can also cause complications. Therefore, when health region and district boundaries are drawn, efforts should be made wherever practical to ensure coincidence with boundaries of other service areas.

(e) **Population** – It will obviously be necessary to consider the present and future population trends and patterns of growth. Regions and districts should encompass a sufficient population base for effective planning and use of expensive and complex diagnostic and treatment techniques.

2. **Changes in Provincial Organizations**

It is recognized that major changes at the provincial level will be necessary in organization, functions and financial arrangements, in order to provide an effective interface between the Provincial Government and the regional councils.

In the January 1969 report, the initial role of the Province in these matters was indicated. These recommendations are quoted below.

In order to achieve the goal of developing a regionalized system of health services, the Province should:

c. be prepared to undertake such re-organization as may be necessary among the agencies for which the Minister of Health is responsible, in order to ensure effective operation of a regionalized system;

d. assess financial implications associated with a regionalized system.

To establish an effective financial system which would support a regionalized health care programme, the Province should:

a. develop policies for financing health care in a regionalized system;

b. adopt methods of financial control which will ensure that financial authority is appropriately delegated to regions and districts;

c. review and, where necessary, amend present acts, regulations and procedures to enable a more effective application of these financial policies.

The Province should implement these recommendations as soon as possible.

C. INTRODUCTION OF A REGIONALIZED SYSTEM

1. Method of Introduction

The way in which the system is introduced is vitally important to its long-term success. The imposition by the Provincial Government of a uniform system over the entire province at the same time would be a mistake. It must be fostered with the co-operation of the people in the local area.

In every district and region are people who may have conflicting interests. There will be institutions and agencies which have long traditions of independence, professional groups who will feel that their prerogatives are being interfered with, and institutions of one type or another whose roles may be changed. Fear of change and fear of loss of status are factors of vital importance and, in this rather delicate field of regionalization, local health councils, in good faith and in good time, must resolve many factors of co-operation, co-ordination, and detailed organization. Local leadership has the knowledge of local needs and resources that should enable them to help in the develop-

ment of a regional system within provincial guidelines. Several basically similar kinds of regional and district organizations may well be necessary and they might be formed in a variety of different ways.

2. Introduction on a Phased Basis

A solution to this problem of introducing the system of regional organization could be found in the development of the system on a phased basis. An initial phase should be started in selected regions, followed as soon as could be arranged by similar projects in other regions. Sufficient flexibility would of course be necessary to allow for the variations which exist from area to area in the province. The experience of the first region would be of value in encouraging development in other regions, and could also lead to modifications as time progressed.

In this transition stage, it is envisaged that councils would assume their functions gradually as their experience increased. In the initial stages, councils would not be likely to exercise their full persuasive authority. For example, in the initiation of the planning process the regional councils could be given authority to approve or disapprove plans of their own specialized committees and to make recommendations on those of its district councils. During this stage they could also act in an advisory role to the Provincial Government, with the agreement that the Provincial Government would not take action in any sphere related to the councils' areas of responsibility until it had received the advice of the council concerned. Having established a firm basis, the council should then be brought to full authority as quickly as possible.

A start can and should be made in introducing the regionalized system even before action is taken to delineate regions and districts and to make the necessary organizational changes at the provincial level.

3. The First Phase

The Hamilton-centred region is a suitable location in which to make a start in introducing the system of regional organization. Initially, it is suggested that the region comprise the area now referring patients to the Hamilton hospitals for treatment which cannot be provided locally – the Ontario Hospital Services

Commission referral region. It is not intended, however, that this will necessarily be the extent of the future Hamilton-centred region.

This area was selected for a number of reasons:

(a) It has a population of between 850,000 and 1,000,000 depending on where the boundary is drawn.

(b) A full range of health care facilities and services, including the Health Sciences Centre at McMaster University, are to be found in the region.

(c) The region contains several urban centres as well as the major one, Hamilton, and may be conveniently divided into districts.

(d) Collaborative arrangements already exist in the form of hospital planning councils in metropolitan Hamilton and the Niagara area.

(e) Interest has been shown in expanding the role of the hospital planning councils into health councils. The Hamilton council has wider representation than hospitals.

Regional and district health councils should be developed concurrently. It is suggested that the membership of the existing hospital planning councils might be transformed to form district health councils in the Hamilton and Niagara areas and that steps be taken immediately to develop the other constituent districts of the region.

RECOMMENDATION 7
THAT the Provincial Government take immediate action to introduce a regionalized system on a phased basis with the co-operation of the people in the areas involved.

RECOMMENDATION 8
THAT the Province proceed with the delineation of regions and districts, taking into account factors such as community of interest, existing utilization patterns, the transportation network, the boundaries of other service areas, and population characteristics.

RECOMMENDATION 9
THAT the Province initiate those changes in provincial organization, functions and financial arrangements which are necessary to support a regionalized system and to provide an effective interface between the Provincial Government and the regional health councils.

RECOMMENDATION 10
THAT the Province immediately embark on the first phase by establishing a health region centred on the Hamilton area, by delineating its constituent health districts, and by establishing the regional and district health councils having the necessary authority to begin functioning.

RECOMMENDATION 11
THAT the Province proceed with the establishment of further health councils at the earliest opportunity.